



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

Date: September 23, 2013

PFC Program Notice: 13-02

Subject: Partners For Children (PFC) Waiver Family-Centered Action Plan (F-CAP) New Schedule

The purpose of the Program Notice 13-02 is to inform PFC Providers and participating County California Children's Services (CCS) staff of revised F-CAP and review schedule.

BACKGROUND

On December 28, 2012 the Centers for Medicare & Medicaid Services notified the Department of Health Care Services, Systems of Care Division, and PFC Pilot that a five year renewal for the PFC Pediatric Palliative Care Waiver has been granted effective April 1, 2012 through March 31, 2017. This changes PFC status from pilot to program.

F-CAP Review Schedule

- The initial F-CAP must be completed and sent to the CCS Nurse Liaison for review within 14 days of the date of the first visit. Also include, as a cover sheet, the F-CAP Initial Summary Sheet. Physician signature is required.
- Full F-CAP review six months from the day the Care Coordinator first visits for the Initial F-CAP. Also include, as a cover sheet, the F-CAP Review Summary Sheet. Physician signature is required.
- Full F-CAP review every six months thereafter, (cycle of first date of visit to first visit date 6 months later). Also include, as a cover sheet, the F-CAP Review Summary Sheet. Physician signature is required.
- Two partial reviews. Physician signature is required if services change.
 - First partial – is due 60 days after the date of the start of the first initial F-CAP.
 - Second partial – is due 60 days after the start of the first partial.

The following F-CAP sections must be submitted within the 60 day partial reviews; attach any other sections that have additional changes or updates:

- 3-A - Physical Exam
- 4 - Health and Safety Assessments
- 6 - Goals of Care by Care Coordinator
- 7-B – Services - Requested

The appropriate Initial or Review Summary Sheets must be done and submitted to the CCS Nurse Liaison with the completed F-CAP.

If there are any questions regarding this PFC Program Notice, please contact Sharon Lambton, RN NCIII at (510) 286-0729, Galynn Thomas, RN NCIII at (916)-327-2692, or via email at CCSPPC@dhcs.ca.gov

ORIGINAL SIGNED BY ROBERT J. DIMAND, M.D.

Robert J. Dimand, MD
Chief Medical Officer
Systems of Care Division